

Employee Emergency Notification Form

In the event of an emergency, I the undersigned employee, authorize Southwestern Community College to notify the following person

1st Contact

Name _____

Daytime Phone Number _____

Evening Phone Number _____

Address _____

Relationship to Employee: _____

In the event you are unable to notify the person listed above, the College is authorized to notify:

2nd Contact

Name _____

Daytime Phone Number _____

Evening Phone Number _____

Address _____

Relationship to Employee: _____

I understand and agree that Southwestern Community College will have no obligation to notify such persons, but will use this information in good faith in the event of an emergency. I agree to release the college and its employees or agents from any liability or damages as a result of a notification or attempt to notify or a failure to attempt notification.

Date _____ Employee Signature _____

Printed Employee Name _____

Please complete the above information and return to Human Resources